



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

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Dennis P. Whalen  
*Executive Deputy Commissioner*

HIV Content Guidelines Comments  
Centers for Disease Control and Prevention  
1600 Clifton Road, N.E. MS- E56  
Atlanta, Georgia 30333

Dear Comments Coordinator:

The New York State Department of Health AIDS Institute (NYSDOH-AI) is extremely concerned about the proposed revisions to the "Interim Content Guidelines for AIDS-Related Materials...". The proposed revisions would require that state and local health officials certify that directly and indirectly funded educational materials are in compliance with Sections 2500 and 317P of the Public Health Service Act.

As the CDC's largest recipient of HIV prevention funds, NYSDOH-AI already expends significant time and resources conducting materials review as per the existing guidelines. The proposed revisions would constitute an unfunded mandate and impose an extreme burden on state health departments. The revisions would vastly increase the amount and intensity of the materials review activities that are required of state health departments and, as a consequence, would divert scarce resources in a way that would seriously detract from our ability to conduct priority HIV prevention activities that have statewide impact. This is especially true for larger jurisdictions. New York State is home to dozens of CDC directly-funded programs for which the proposed revised guidelines would require the state health department to review all of their HIV prevention materials. Requiring a state-established panel to pass judgement on such materials would be operationally and administratively impractical and extremely detrimental to state health department programs and activities that are focused on prevention.

Additionally, the proposed revisions ignore the complexity of prevention in terms of cultural competency and linguistic appropriateness. Finding the appropriate and qualified staff to work with multiple agencies involving numerous languages and societal nuances is unrealistic and could cause significant delays in the approval process. The current system, with panels created by community agencies but coordinated with the health department, more clearly respects language and cultural differences of our very diverse populations. By eliminating the current structure and making the panels an instrument of the health department, the results of the review process could be counterproductive. Required changes might be unacceptable to large segments of communities at risk that have traditionally viewed government enterprises with distrust, potentially resulting in diminished credibility, appeal and use of materials.

If materials are not culturally appropriate, their use and impact will be minimized; or worse, materials considered insensitive or disrespectful could keep people from wanting to access HIV prevention services at all. Communities must feel empowered to develop prevention messages and approaches that work for them. More positive and effective roles for government include providing technical assistance on materials development and ensuring scientific accuracy.

Several other aspects of the proposed revisions are inadvisable. We believe it is inappropriate to require that persons not directly associated with a program be the final arbiters of what materials are appropriate for that program. If CDC project officers and Procurement and Grants Office staff have negotiated workplans and budgets for specific deliverables, state health department employees may not be in a position to properly make decisions regarding the appropriateness of a material when they have not been part of discussions as to the design and implementation of activities. Department of health staff would be operating without the benefit of essential information. As such, they would be making uninformed recommendations. Also, there is a fundamental conceptual problem in the approach taken in the proposed revisions in that they emphasize identification and elimination of what may be offensive rather than emphasizing inclusion of what would be good prevention.

We also believe that the specific requirement regarding accuracy of titles is ill-considered. The purpose of the title is, at least in part, making the material appealing so that people at risk will want to pick it up and read it. “DL Brothaz” would mean something to a sub-group of very high-risk men. A brochure called “Men of Color who have Sex with Men and Women and who do not Identify as Gay” would not. NYSDOH AIDS Institute staff frequently conduct focus groups across the state to test HIV prevention materials that are in development. Focus groups have repeatedly and consistently expressed the view that, to be effective, titles and cover art must be appealing to the target audience, pose intriguing questions or use terms to which the target audience can easily relate.

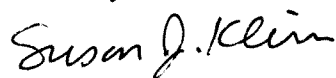
Focus groups are equally concerned that cover text and art protect the reader’s confidentiality. It has been expressed time and time again that cover text that clearly indicates that the reader is at risk for HIV or may have HIV infection can be a serious deterrent to the material being picked up and read by the target audience and may have a negative impact on the material’s appeal.

Another concern is the requirement that a certification be provided that state or local health officials have independently reviewed all educational materials. This goes far beyond the existing “Assurance of Compliance” for educational materials that jurisdictions provide annually with their HIV Prevention Cooperative Agreement applications. It appears that this would require a separate review by “accountable” health officials in addition to the review panel process. Besides possibly negating the panel process, this additional step could cause potentially large and time-consuming backlogs in approvals and is likely to further stifle the development of

creative, useful, culturally sensitive and linguistically appropriate materials that are perceived as credible and timely by users.

For these many reasons, the New York State Department of Health AIDS Institute strongly urges the proposed revisions to the content guidelines be withdrawn.

Sincerely,



Susan J. Klein  
Director  
Division of HIV Prevention



Dan O'Connell  
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Division of HIV Prevention